## **CITY OF JACKSONVILLE**

## **DELTA DENTAL PLAN RATES**

**EFFECTIVE JANUARY 01, 2019** 

Plan	Coverage	Rate Per Pay Period	
Union Bargaining Units Dental Rates : 011, 030, 070, 090, 141			
DHMO	EE Only	1.10	
DHMO	EE & Spouse	5.68	
DHMO	EE & Children	7.82	
DHMO	EE & Family	13.91	
Silver DPPO	EE Only	4.70	
Silver DPPO	EE & Spouse	14.40	
Silver DPPO	EE & Children	19.63	
Silver DPPO	EE & Family	28.15	
Gold DPPO	EE Only	10.52	
Gold DPPO	EE & Spouse	26.05	
Gold DPPO	EE & Children	34.43	
Gold DPPO	EE & Family	48.02	
Platinum DPPO	EE Only	14.92	
Platinum DPPO	EE & Spouse	34.85	
Platinum DPPO	EE & Children	45.54	
Platinum DPPO	EE & Family	63.03	
Union Bargaining Units D		Ī	
DHMO	EE Only	0.00	
DHMO	EE & Spouse	4.58	
DHMO	EE & Children	6.71	
DHMO	EE & Family	12.81	
Silver DPPO	EE Only	2.20	
Silver DPPO	EE & Spouse	11.90	
Silver DPPO	EE & Children	17.13	
Silver DPPO	EE & Family	25.65	
Gold DPPO	EE Only	8.02	
Gold DPPO	EE & Spouse	23.55	
Gold DPPO	EE & Children	31.93	
Gold DPPO	EE & Family	45.52	
Platinum DPPO	EE Only	12.42	
Platinum DPPO	EE & Spouse	32.35	
Platinum DPPO	EE & Children	43.04	
Platinum DPPO	EE & Family	60.53	

Plan	Coverage	Rate Per			
		Pay Period			
Union Bargaining Units Dental Rates : 037, 040, 041, 042, 045, 046					
DHMO	EE Only	0.00			
DHMO	EE & Spouse	4.58			
DHMO	EE & Children	6.71			
DHMO	EE & Family	12.81			
Silver DPPO	EE Only	0.00			
Silver DPPO	EE & Spouse	9.70			
Silver DPPO	EE & Children	14.93			
Silver DPPO	EE & Family	23.45			
Gold DPPO	EE Only	0.00			
Gold DPPO	EE & Spouse	15.53			
Gold DPPO	EE & Children	23.91			
Gold DPPO	EE & Family	37.50			
Platinum DPPO	EE Only	0.00			
Platinum DPPO	EE & Spouse	19.93			
Platinum DPPO	EE & Children	30.62			
Platinum DPPO	EE & Family	48.11			
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<b>Non-Union Bargaining Units</b>	Dental Rates :				
007, 01	0, 140, 021 thru 029, 081 thru 089, 1	79, 190, 1111			
DHMO	EE Only	6.10			
DHMO	EE & Spouse	10.68			
DHMO	EE & Children	12.82			
DHMO	EE & Family	18.91			
Silver DPPO	EE Only	9.70			
Silver DPPO	EE & Spouse	19.40			
Silver DPPO	EE & Children	24.63			
Silver DPPO	EE & Family	33.15			
Gold DPPO	EE Only	15.52			
Gold DPPO	EE & Spouse	31.05			
Gold DPPO	EE & Children	39.43			
Gold DPPO	EE & Family	53.02			
Platinum DPPO	EE Only	19.92			
Platinum DPPO	EE & Spouse	39.85			
Platinum DPPO	EE & Children	50.54			
Platinum DPPO	EE & Family	68.03			
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Plan	Coverage	Rate Per		
		Pay Period		
RETIREE DENTAL RATES				
DHMO	Retiree Only	6.10		
DHMO	Retiree & Spouse	10.68		
DHMO	Retiree & Child	12.82		
DHMO	Retiree & Family	18.91		
DHMO	Surviving Spouse	6.10		
DHMO	Surviving Child	6.10		
DHMO	Surviving Spouse & Child	12.82		
DHMO	Continuing Spouse	6.10		
DHMO	Continuing Child	6.10		
DHMO	Continuing Spouse & Child	12.82		
DHMO	*Special Surviving Spouse and/or Child	0.00		
Silver DPPO	Retiree Only	9.70		
Silver DPPO	Retiree & Spouse	19.40		
Silver DPPO	Retiree & Child	24.63		
Silver DPPO	Retiree & Family	33.15		
Silver DPPO	Surviving Spouse	9.70		
Silver DPPO	Surviving Child	9.70		
Silver DPPO	Surviving Spouse & Child	24.63		
Silver DPPO	Continuing Spouse	9.70		
Silver DPPO	Continuing Child	9.70		
Silver DPPO	Continuing Spouse & Child	24.63		
Silver DPPO	*Special Surviving Spouse and/or Child	0.00		
Gold DPPO	Retiree Only	15.52		
Gold DPPO	Retiree & Spouse	31.05		
Gold DPPO	Retiree & Child	39.43		
Gold DPPO	Retiree & Family	53.02		
Gold DPPO	Surviving Spouse	15.52		
Gold DPPO	Surviving Child	15.52		
Gold DPPO	Surviving Spouse & Child	39.43		
Gold DPPO	Continuing Spouse	15.52		
Gold DPPO	Continuing Child	15.52		
Gold DPPO	Continuing Spouse & Child	39.43		
Gold DPPO	*Special Surviving Spouse and/or Child	0.00		
Platinum DPPO	Retiree Only	19.92		
Platinum DPPO	Retiree & Spouse	39.85		
Platinum DPPO	Retiree & Child	50.54		
Platinum DPPO	Retiree & Family	68.03		
Platinum DPPO	Surviving Spouse	19.92		
Platinum DPPO	Surviving Child	19.92		
Platinum DPPO	Surviving Spouse & Child	50.54		
Platinum DPPO	Continuing Spouse	19.92		
Platinum DPPO	Continuing Child	19.92		
Platinum DPPO	Continuing Spouse & Child	50.54		
Platinum DPPO *Special Surviving Spouse and/or Child 0.00				
*Any Police or Fire (Sworn Officers) who got k	illed while on duty will have this benefit to their surviving s	pouse and/or child.		

Plan	Coverage	Rate Per		
		Pay Period		
COBRA DENTAL RATES				
DHMO	Former Employee Only	6.22		
DHMO	Former Spouse Only	6.22		
DHMO	Former Child Only	6.22		
DHMO	Former EE & Spouse	10.90		
DHMO	Former EE & Family	19.29		
DHMO	Former EE & Children	13.07		
DHMO	Former Spouse & Child(ren)	13.07		
DHMO	Former Children (Each)	6.22		
Silver DPPO	Former Employee Only	9.90		
Silver DPPO	Former Spouse Only	9.90		
Silver DPPO	Former Child Only	9.90		
Silver DPPO	Former EE & Spouse	19.79		
Silver DPPO	Former EE & Family	33.82		
Silver DPPO	Former EE & Children	25.12		
Silver DPPO	Former Spouse & Child(ren)	25.12		
Silver DPPO	Former Children (Each)	9.90		
Gold DPPO	Former Employee Only	15.83		
Gold DPPO	Former Spouse Only	15.83		
Gold DPPO	Former Child Only	15.83		
Gold DPPO	Former EE & Spouse	31.67		
Gold DPPO	Former EE & Family	54.08		
Gold DPPO	Former EE & Children	40.22		
Gold DPPO	Former Spouse & Child(ren)	40.22		
Gold DPPO	Former Children (Each)	15.83		
Platinum DPPO	Former Employee Only	20.31		
Platinum DPPO	Former Spouse Only	20.31		
Platinum DPPO	Former Child Only	20.31		
Platinum DPPO	Former EE & Spouse	40.64		
Platinum DPPO	Former EE & Family	69.39		
Platinum DPPO	Former EE & Children	51.55		
Platinum DPPO	Former Spouse & Child(ren)	51.55		
Platinum DPPO	Former Children (Each)	20.31		